



LINCOLN POLICE DEPARTMENT

575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

August 8, 2014

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Quality Inn, 3200 N W 12th Street requesting that Katrina Page be approved as the manager of the class C liquor license.

A background investigation was completed with no issues found, except the applicant needs to complete the required manager training.

Her application is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



JUL 28 2014 11:35am

POU2

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

AUG 4 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

MUST BE:

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration in the State of Nebraska
- ✓ Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.
- ✓ 21 years of age or older

Name of Corporation/LLC: 1515-23 Market Street Inc.

Liquor License Number: 059756 Class Type Class C
(If new application leave blank)

Premise Trade Name/DBA: Quality INN


Premise Street Address: 3200 NW 12th St.

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: (402) 475-9541

Email address: travelling399@gmail.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Check on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licensesearch.ccf


SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)



1400017117

P. 1/1

JUL 28 2014 12:37PM

PO01

JUL 28 2014 12:38PM

CALLERID MAILING FAX: 363-230-7072

JUL-28-2014 12:37P FROM:

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Page First Name: Katrina MI: L

Home Address (include PO Box if applicable): 1101 W. Bond St.

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: (402) 217-2402 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Email address: kpage2010@hotmail.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2010	2014			
McCook, NE	2010	2010			
Lincoln, NE	2000	2010			

RECEIVED

AUG 4 2014

NEBRASKA LIQUOR
CONTROL COMMISSION

Form 103
Rev 9/2013
Page 3 of 6

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2014	Present	Quality Inn	Zac Lehman	(402) 475-9541
2013	2014	Integrated Life Choices	Eric Harmes	(402) 310-9086

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
				RECEIVED
				AUG 4 2014
				NEBRASKA LIQUOR
				CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☐ YES ☒ NO

IF YES, list the name of the premise(s):

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒ YES ☐ NO

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

07/17/2014

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STATE OF NEBRASKA — DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126 — 91

1. CHILD'S NAME		FIRST	MIDDLE	LAST
		Katrina	Lynn	Page
2. SEX	3a. DATE OF BIRTH (Month, Day, Year)	3b. HOUR OF BIRTH	4. COUNTY OF BIRTH	
Female		12:46 A.	Lancaster	
5a. PLACE OF BIRTH:				
<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____				
5b. FACILITY NAME (if not institution, give street and number)		5c. CITY, TOWN, OR LOCATION OF BIRTH		5d. INSIDE CITY LIMITS (Specify Yes or No)
St. Elizabeth Comm. Health Cntr		Lincoln		Yes
6a. I certify that this child was born alive at the place and time and on the date stated.		6b. DATE SIGNED (Month, Day, Year)	6c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
(Signature) <i>[Signature]</i>		11/12/14		
6d. CERTIFIER - NAME AND TITLE (Type or print)		6e. MAILING ADDRESS (STREET and NUMBER or R.F.D. NO., CITY or TOWN, STATE, ZIP)		
R. T. Byington M.D.		1530 South 70th Lincoln, Nebraska 68506		
7a. REGISTRAR (Signature) <i>[Signature]</i>		7b. DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR)		
		NOV 15 1991		
8a. MOTHER'S NAME		8b. DATE OF BIRTH (Mo., Day, Yr.)	8c. BIRTHPLACE (City & State or Foreign Country)	
Shannon Marie Page		March 11, 1973	Lincoln, Nebraska	
9a. RESIDENCE-STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION (Include zip code)	9d. STREET AND NUMBER OF RESIDENCE	9e. INSIDE CITY LIMITS (Specify Yes or No)
Nebraska	Lancaster	Lincoln 68524	5021 W. Zeamer	Yes
10. MOTHER'S MAILING ADDRESS - Enter if not same as residence				
11a. FATHER'S - NAME		FIRST	MIDDLE	LAST
11b. DATE OF BIRTH (Mo., Day, Yr.)		11c. BIRTHPLACE (City & State or Foreign Country)		
12a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.				12b. RELATION TO CHILD
(Signature of Parent or other informant) <i>Shannon M Page</i>				Mother

RECEIVED

AUG 4 2014

NEBRASKA LIQUOR
CONTROL COMMISSION